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Access to Antenatal Care Services under NRHM Framework: An Assessment in Nalbari District of Assam

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Abstract

The condition of women's health is one of the indicators to measure the overall development of a nation. United Nations, in its Human Development Report (UNDP), has emphasised on reducing Maternal Mortality Ratio (MMR) and Infant Mortality Rate (IMR) as the key indicators to assess of human development. MMR and IMR are the two important concerns related to maternal health. India, being a member state of UN, has also adopted the Millennium Development Goals (MDGs) as explained by UN that was to be fulfilled by 2015. IMR and MMR come as the MDG-4 and MDG-5. But, due to the poor maternal health condition, India was unable to reach its goal within the time period. Antenatal Care (ANC) service is one of the major parts of maternal health service. With the implementation of NRHM, and announcement of Janani Suraksha Yojana (JSY) and Janani Shishu Suraksha Yojana (JSSK) as the schemes within the framework of NRHM, Govt. of India has also given special recognition and care for women for upgrading the condition of maternal health. Here, in this study, an attempt has been made to assess the ANC services under NRHM with the implementation of the provisions of JSY and JSSK in Nalbari district of Assam, the highest ranking district in the state, providing health services under NRHM.

Key Words: Maternal Health, Antenatal Care, NRHM, JSY, JSSK.

> *"Health is a state of complete physical, mental and social well-being and not merely the absence of disease and infirmity."*[1]

The term human health generally comprises the health of both male and female. Men and Women are two indispensable halves of humanity. Woman's development forms the grassroots of social development. But it seems that health is one of the neglected fields in our social life, where the women section of the society becomes more vulnerable having an additional responsibility of reproduction and motherhood. This negligence towards health directly has an impact on the development of women, development of society, and at the same time, it lessens the position of women also. Therefore, it becomes the utmost

[1] World Health Organisation. 1946. Preamble- WHO Constitution. Geneva: WHO.

responsibility of the state and other organizations to take special care of women. Keeping in mind these things, in the Alma-Ata Conference, 1978, organized under the auspices of WHO, almost 166 countries have pledged for "Health for All" by 2000 A.D. aiming at proper distribution of the resources for health and access of essential health care to all. The International Conference on Population and Development (ICPD) held in Cairo in 1994 has given emphasis on women's reproductive health and it has influenced many countries of the world to formulate policies on this part. Again, the Beijing World Conference on Women, 1995, also highlighted the need to ensure universal access to appropriate, affordable and quality health care to women.

Determinants of Women's Health: The concept of Health Rights and Health Status are very much interrelated. Better enjoyment of health rights can give better health status. Health is an important factor in the achievement of status as well as an indicator of social status, particularly for women. But sometimes it is affected by the prevailing social attitudes and cultural norms and economic conditions in addition to their biological and physiological problems. Hence, it is resulted to a poor health condition of women which has a definite link with the overall position of women in the society. This scenario is more common in the developing countries of the world. In a country, like India, women's health status can be understood through certain indicators based on two sources:

(a) Demographic trends and
(b) Access to health services

Demographic trends generally includes indicators of women's health, like – adverse and declining sex-ratio, Maternal Mortality Rate (MMR), Infant Mortality Rate (IMR), lower life expectancy of women, malnutrition, prevalence of anaemia etc. Again, Health-care services includes proper infrastructure with availability of adequately staffed hospitals and health centres, manpower, adequate material infrastructure, supply facilities, equipments, training to the health personnel, availability of essential drugs and quality services etc. On the basis of the above indicators, various survey reports from the governmental and non-governmental sectors reveal that the health status of people in India is not a satisfactory one. When compared to availability of basic medical facilities, India's position is more backward than even some of the developing countries in the world.[2]. The condition of women becomes more pathetic because of their marginalization in the society.

Women health is now a growing concern which basically relates to Reproductive and Maternal Health. WHO defined maternity health as "the care of a pregnant woman, her safe delivery, her post-natal examination, the care of her newly born infant and maintenance of lactation. In the wider sense, it begins much earlier in measures aimed to promote the health and well-being of the young people who are potential parents, and to help them develop the right approach to family life and to the place of the family in the community. It should also

[2] Sen, Sujata (2012), ***Gender Studies,*** Dorling Kindersley (India) Pvt. Ltd., Pearson, India. p.182

include guidance in parent craft and in problems associated with infertility and family planning."[3]

United Nations, in its Human Development Report (UNDP), has emphasised on reducing Maternal Mortality Ratio (MMR) and Infant Mortality Rate (IMR) as the key indicators to assess of human development. MMR and IMR are the two important concerns related to maternal health. With the growing international concern on women health and being a member state of UN, India has also adopted the Millennium Development Goals (MDGs) as explained by UN that was to be fulfilled by 2015. IMR and MMR come as the MDG-4 and MDG-5. But, due to the poor maternal health condition, India was unable to reach its goal within the time period. Antenatal Care (ANC) service is one of the major parts of maternal health service. With the implementation of NRHM in 2005, and announcement of Janani Suraksha Yojana (JSY) in 2005 and Janani Shishu Suraksha Yojana (JSSK) in 2011 as the schemes within the framework of NRHM, Govt. of India has also given special recognition and care for women for upgrading the condition of maternal health.

NRHM: A Health Programme in India[4]: NRHM 2005-2012 was launched in 18 states that were identified as low-performing states in the field of health care with poor public health indicators and weak infrastructure to provide effective healthcare to rural population throughout the country. The main goal of NRHM is to provide equitable, affordable, accountable and effective primary healthcare for rural people and to make it accessible especially for poor women and children and to reduce Infant Mortality Rate (IMR), Maternal Mortality Ratio (MMR), Total Fertility Rate (TFR) which are certain key indicators of women's Reproductive and Child Health (RCH) by promoting newborn care, immunization, antenatal care, institutional delivery and post-natal care. The Mission seeks to raise public expenditure on health from 0.9% of GDP to 2-3% of GDP; strengthen public health management; universal access to public healthcare services with emphasis on services addressing women's and children's health and universal immunization; delivery of comprehensive primary healthcare; revitalize local health traditions and mainstream AYUSH; prevention and control of communicable and non-communicable diseases; decentralize the programmes; reduce inter-state and inter-district disparities etc. To fulfil these visions, it has adopted different core and supplementary strategies, like- train and enhance capacity of Panchayati Raj Institutions (PRIs), introduction of Village Health and Sanitation Committee (VHSC), engagement of female health activist as Accredited Social Health Activist (ASHA) and Multi-Purpose Workers (MPWs), strengthening existing Sub Centres (SC), Primary Health Centres (PHCs) and Community Health Centres (CHCs), promotion of Public Private Partnerships, providing medical education, inclusion of NGOs in the health sector and so on.

Functioning of Schemes under NRHM in Assam relating to Women's Health: Maternal Health Services can be understood through services for women in different stages. It starts with the pregnancy of women till the post-delivery care for them. The maternal health services under NRHM has divided into three different stages which are very much related,

[3] World Health Organization. 1952. Expert Committee on Maternity Care: First Report- A Preliminary Survey. Technical Report Series No. 51. Genrva: WHO. p.3

[4] National Rural Health Mission- Meetings People's Needs in Rural Areas. Framework for Implementation 2005-2012. New Delhi: Ministry of Health and Family Welfare. Govt. of India.

namely- Antenatal care, Delivery care and post Natal care. All the stages are equally important and equal areas of concern that need specific care for the protection of women health as a whole. NRHM has also taken various initiatives to protect maternal health in all the three stages announcing schemed for women.

Within the framework of NRHM, Assam, one of the 18 Low Performing States, has initiated several schemes for the improvement of the health condition of Assam. The assessment of the following schemes under NRHM will give us a glimpse on the actions of the Government of Assam to understand the reproductive and maternal health.

a. Janani Suraksha Yojana (JSY): JSY is a safe motherhood intervention under NRHM being implemented with the objective of reducing maternal and neo natal mortality by promoting institutional delivery among poor pregnant women. The scheme provides cash assistance to mothers who have delivered in Govt., health institutions and accredited private hospitals. A mother from rural area get Rs. 1400/- and mother from urban area get Rs. 1000/- as a cash assistance through this scheme.

b. Janani Sishu Suraksha Karyakram (JSSK): Implemented from February, 2012 JSSK is a National initiative to make available better health facilities for women and child. The new initiative of JSSK would provide completely free and cashless services to pregnant women including normal deliveries and caesarean operations and sick new born (up to 30 days after birth) in Govt. Hospitals and accredited Pvt. Hospitals in both rural and urban areas. Entitlements for pregnant women: Free and cashless delivery, free caesarean section, free drugs and consumables, free diagnostics tests such as blood test, urine test etc. Free nutritional diet during staying health institutions (up to 3 days for normal delivery and 7 days for caesarean sections). Under this scheme free nutritional supplement such as Horlicks to the mothers, free ultrasound, free tests required for blood transfusion, free transportation from home to health institution, between health institutions in case of referral, and free drop back home after delivery under the 'Adarani Scheme'. There are some entitlements for newborn till 30 days after birth which includes free treatment at the public health institutions, free drugs and consumables, free diagnostics such as blood test, urine examination, and free tests required for blood transfusion, exemption from all kinds of user charges.

c. Mamoni: Cash assistance to pregnant women for nutritional support @ Rs. 1000/- is to be given in two instalments. 'Mamoni' is a scheme of the Government of Assam that encourages pregnant women to undergo minimum 3 ante-natal checkups which identify danger sings during pregnancy (needing treatment) and offer proper medical care. Under this scheme, at the time of registration, every pregnant woman receives a booklet on tips on safe motherhood and newborn care titled 'Mamoni'. During subsequent ANC check-up, the pregnant women are provided with an amount of Rs. 1000/- (in two instalments, first for 2nd ANC and second for 3rd ANC) for expenses related to nutritional food and supplements. Every Govt., health institution offers these services for the women who have registered in their place. The source of fund is given

by Assam Bikash Yojana, State Govt., sponsored schemes under Health & Family Welfare Department.

d. Distribution of free Iron tablets: Anaemia is characterized by a low level of haemoglobin in blood. Anaemia usually results from a nutritional deficiency of iron, folic, vitamin B12, or some other nutrients. It may become an underlying cause of maternal mortality and prenatal mortality. In India 100 iron and folic acid (IFA) tablets are provided by free to pregnant women in order to prevent anaemia during pregnancy. Free iron tablets are also provided to adolescent girl also.

e. Village Health and Nutrition Day (VHND): The main objectives of Village Health and Nutrition Day are to ensure safe motherhood, child care and awareness generation among the rural masses right at the village level. On that day, routine immunization of children aged between 0-9 months and vaccination of pregnant women are done at the village itself. These services are also available at the Sub-centres. Organized on a pre-determined and publicized date every month, the VHND allows people to get in touch with health workers and discuss health related issues. ASHA organizes VHND in her village in a Wednesday once in a month in cooperation with the Village Health & Sanitation Committee where in ANMs delivers the services.

f. 'Sanjeevani' Mobile Medical Unit- Village Health Outreach Programme: The 'Sanjeevani' MMU is an initiative under the National Rural Health Mission, Assam to bring health care to the doorstep of rural people with basic diagnostics facilities and specialists. The MMU will carry out the services like Curative Care, Reproductive and Child Health Services, Family Planning Services, Diagnostic, Specialized facilities & Services, Emergency Service & Care in times of disaster. The Sub-divisional level MMU was launched in 23 sub divisions of Assam initially to increase the services. Every month the DHS arranges camps in far- flung areas of the District to provide quality health care services.

g. '108 Mrityunjoy' Emergency Referral Services: This scheme includes free transportation to the entire sick person including the pregnant women and sick new born. Looking at the demand for comprehensive emergency system in the year 2008-09 the state has implemented Emergency Referral Service through public private partnership with Satyam Foundation, a non-profit organization providing emergency services in the state. These ambulances are being strategically placed in the district and they cater to any type of emergency. The EMRI functions 24X7 with dedicated team members. It has a toll free emergency number '108' which lands at Emergency Response Centre (ERC), this centre located in Guwahati and caters to the entire state. At present there are total 280 ambulances are operational in the state and they are providing emergency referral transport on 24X7 basis. From 2008 this service has launched in Assam.

h. 'Sarathi 104' - Health Information Help Line: Sarathi 104 is a one stop health information helpline for resolving all health related issues of the citizens of Assam in

a time bound manner. Any citizen, dialling 104 from any corer of Assam will have access to the following services: medical advice and counselling help line for ASHA workers, relief and remedy against the following like medical negligence, inaction, delayed treatment, improper or wrong treatment, non-availability of medicines, lapses in implementation of health schemes of the government etc.

Thus, the Govt. of Assam has started various initiatives for the protection and promotion of reproductive and maternal health in the name of different schemes which become popular during the last decade. Janani Suraksha Yojana (JSY) and Janani Shishu Suraksha Karyakram (JSSK) are the two most vital steps by NRHM in this regard.

On the basis of this above background study, this paper identifies three important objectives has been extracted which will contribute in understanding the problem. These are:

Objectives:

1. Understand the implementation of JSY and JSSK to as Antenatal Care Service.
2. Examine the problems regarding women's access to Antenatal Care in post-NRHM period.
3. Find out some solutions for proper implementation of NRHM.

Methodology: The study was carried out in Nalbari District of Assam which is basically a rural district only with 2.39% urban population according to the Census Report, 2001, GOI. It is the lowest among all the districts of Assam in terms of urban population and highest in terms of rural population comprising 97.61%. According to Assam Human Development Report, 2003, in 2001, Nalbari district occupied 16th and 17th position in Human Development Index (HDI) and Gender Development Index (GDI) respectively.[5] The district has achieved a milestone in the state for securing 1st Rank for two consecutive years in 2014-15 and 2015-16 for best performance in 16 Dashboard Monitoring Indicators (as per GOI norms) and keeping its constituency till the current year 2016-17 up to January'17.[6] NRHM, being a rural based health mission, covers the rural health sector under its dimensions. That is the reason for selecting this particular district as the study area to make comprehensive study as a whole.

Having geographical area of 1052 sq. Km., 996.56 sq. Km. comes under rural areas, with 6, 88,909 (89.28%) of rural population out of total population of 771,639 in the district. There are 7 development blocks, 65 Gaon Panchatats, 7 Anchalik Panchatyats, 1 Zila Parishad, 1 Town Committee and 1 Municipal Board. The number of villages in the district is 456.[7] The health infrastructure comprises of 1 District Hospital (DH), 10 Community Health Centres (CHCs), 47 Primary Health Centres (PHCs) and 121 Sub

[5] Assam Human Development Report. 2003.
[6] Progress Report on Health. NHM. Nalbari. Assam.
[7] Census of India 2011. Govt. of India.

Centres (SC).[8] But it will not be possible to study all the beneficiaries and health institutions for which sampling method will be adopted for primary data collection.

For primary data collection, field survey has been conducted. For survey, women beneficiaries were taken on the basis of purposive sampling who got pregnant within five years. For understanding the health condition of women as vulnerable group, emphasis was given on women from BPL category, which is vulnerable in terms of their socio-economic condition too. From seven CD Blocks, 158 respondents were interviewed. As Barkhetri is the biggest Block in terms of population and geographical area, highest respondents were taken from that block which was 30 in number. Interview was conducted through previously structured questionnaire. Further, discussion was made with health provider, i.e. Doctor, ANM, ASHA, Employees under NRHM, AWW and PRI members working with the Mission.

Considering the nature of the topic, the research is a descriptive and analytical both. Both secondary and primary data were for this research. Secondary data were collected from a survey of literature from books, journals, articles, newspapers, internet sources etc. Primary data were collected from field survey, Govt. Reports, NRHM Reports, Statistical Handbooks, DLHS-3, NFHS-4, DCHB 2011 etc. For data analysis, both qualitative and quantitative methods have been used.

Data Analysis: Collection of data and its analysis is a popular method in social science research. During this study data was collected from different areas or villages of Nalbari district on the basis of survey conducted during 2015 to 2017 (March). Applying both the methods of qualitative and quantitative and using of tables and figures, analysis and interpretation of data has been done to find out the result of this study.

Access to Antenatal Care Services: Antenatal is the first step for motherhood. To receive basic, professional antenatal care is the basic criteria for safe motherhood. During antenatal care, health professionals should monitor pregnancy for signs of complications, detect and treat pre-existing and concurrent problems of pregnancy, and should provide advice or counselling on preventive care, diet during pregnancy, delivery care and postnatal care during pregnancy. The ANC package comprises of physical checks, checking position and growth of foetus, measuring blood pressure might check of pregnant women, blood test to check the haemoglobin level (Hb level) giving IFA tablets and giving Tetanus Toxoid (T.T) injection at periodic intervals during the time of pregnancy. NRHM, under the scheme of JSY has mentioned at least 4 antenatal check-ups for the competition of ANC during first trimester, 4^{th}-6^{th} month, 7^{th}-8^{th} month and in the 9^{th} month of pregnancy respectively. The complete course of ANC is necessary to safeguard a woman from pregnancy related complications and warning them about possible delivery complications. The accessibility and availability of the ANC services in Nalbari district can be discussed as follows:

[8] Assam Rural Health Statistics. 2016.

Table 1: Access to ANC services

Services	No. of Respondents	%
Registered Pregnancy	157	99.4
Registration Card Received	157	99.4
Consulted Anyone for ANC	157	99.4

The study on the respondents regarding their access to ANC services has revealed that out of 158 respondents, 157 respondents consisting of 99.4% reported registering their pregnancy with ANM, the same respondents reported having registration card from ANM and consulted with a doctor or nurse or ANM for ANC check-up. Only one (1) respondent found not being able to avail the ANC services due to the support of her to go for ANC check-up as for them no necessity of it.

As already mentioned, out of 158 respondents, one respondent has not availed the ANC services. Hence, the next analysis regarding ANC has done on 157 respondents considering it as total sample.

Table 2: Registration of ANC within First Trimester

Registration of ANC	No. of Respondents	%
Within First Trimester	146	93
After 3 months	11	7
Total	157	100

Among the 157 registered women for ANC, result showed that 146 women constituting 93% have registered their pregnancy within 3 months with ANM and 11 respondents constituting 7% have registered after 3 months. NRHM has been giving emphasis on 3 ANC is necessary during the pregnancy of 9 months. As Assam comes under Low performing States (LPS), JSY has given emphasis on at least 4 ANC check-up for the pregnant mothers. It was found that 88 respondents constituting 56.1% have approached 3 times check-ups for ANC, 27 respondents constituting 17.2% have availed 4 times ANC check-ups and 28 respondents constituting 17.8% have availed more than 4 times check-ups during their pregnancy. Despite this positive attitude of women regarding ANC, it was found that 14 respondents constituting 8.9% have availed less than 3 ANC check-up. While asked the reason for less than 3 ANCs, 5 respondents mentioned about their unawareness regarding times of complete ANC, 2 of them shared about their communication problem to reach the health facility, 5 of them informed that they did not go as they did not face any problem and 2 of them mentioned about their loss of wages as they were the daily labourer. Yet, it can be seen that the trend of seeking ANC among pregnant women has started within the study area.

Table 3: ANC Provider

ANC Provider	No. of Respondents	%
Doctors	76	48.4

ANM/CHO	55	35
Doctor & ANM Both	26	16.6
Total	157	100

ANM is the main personnel behind ANC who takes the responsibilities under NRHM. This study shows that 76 respondents constituting 48.4% went to Doctors for ANC, 55 respondents constituting 35% went ANM and 26 respondents constituting 16.6% have approached both the doctors and ANM. Regarding their place of ANC visit, it was found that all the pregnant women visited govt. health institutions at least once, while 9 of them has gone to private hospitals too.

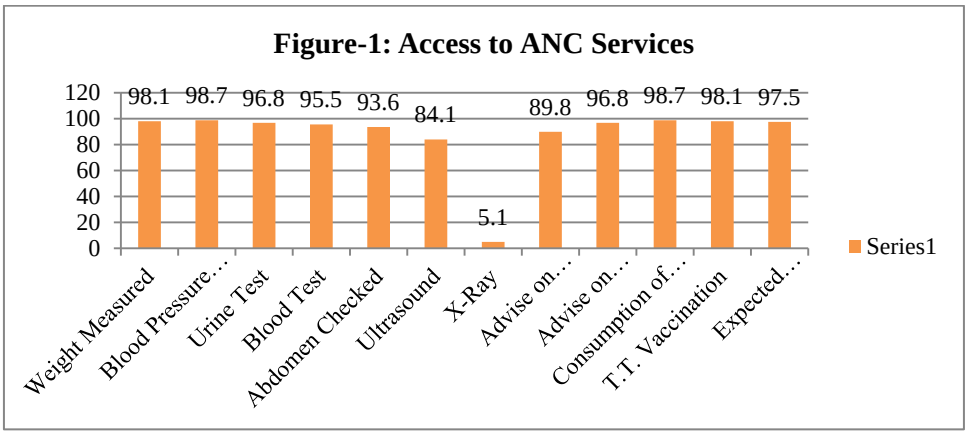
Table 4: Service Provided during ANC

Services	No. of Respondents	%
Weight Measured	154	98.1
Blood Pressure Measured	155	98.7
Urine Test	152	96.8
Blood Test	150	95.5
Abdomen Checked	147	93.6
Ultrasound	132	84.1
X-Ray	8	5.1
Advise on Hospital Delivery	141	89.8
Advise on Nutrition	152	96.8
Consumption of IFA	155	98.7
T.T. Vaccination	154	98.1
Expected Delivery Date	153	97.5

Regarding total ANC package, the above table showed the access to the services to be provided to pregnant women during pregnancy. It was found that 154 respondents constituting 98.1 were measured their weight by health providers, 155 respondents constituting 98.7% reported about the checking of blood pressure during ANC, 152 respondents (96.8%) have done their urine test at least once, 150 of them (95.5%) have done blood test at least once, 147 respondents constituting 93.6% reported that their abdomen were checked during pregnancy, and 132 respondents constituting 84.1% have done ultrasound at least once. Data revealed that only 8 respondents constituting 5.1% have done X-Ray during ANC check-up 141 respondents constituting 89.8% were advised for hospital delivery and 152 respondents constituting 96.8 were advised for nutrition's diet during pregnancy. To prevent anaemia and to keep haemoglobin level stable, consumption of IFA tablet is necessary. 155 respondents constituting 98.7% reported about their consumption of IFA during pregnancy. But unfortunately, maximum numbers of women are not aware about consumption of IFA for 100 days and they cannot remember their completion of course regarding IFA tablet. Almost 83% of women reported availability of IFA tablet for free either from ASHA or from PHCs or sub-centres, But still they cannot remember whether it was for 100 days or not as they are unaware of it, 154 respondents constituting

98.1% have received TT vaccination, other 2 respondent have received TT booster as the last child has not completed 2 years of age during pregnancy. Among the 3 respondents who died not received TT vaccination, one reported that she was that she was not informed by ASHA, while the other two could member whether they have received or not. 153 respondents constituting 97.5% got their expected delivery date from the health providers as a part of ANC. These can be shown through the following diagram:

Figure-1: Access to ANC Services



156 respondents constituting 99.4% were assisted either by ASHA or by family members during ANC visit 82 respondents Constituting 52.2% reported that they were informed where to go if any pregnancy complications occur and 75 of them constituting 47.8% were not aware about it as they were not informed by anyone. 154 respondents informed that ASHA visited them during last 6 months of their pregnancy at home, while 3 respondents reported that that ASHA did not visit as they have consulted with doctors from private nursing home. During ANC check-up, 139 respondents were advised for breastfeeding the newborn, 86 respondents were advised how to keep the newborn warm, 101 were advised for cleanliness and only 33 respondents were counselled not to do heavy works, like-climbing steps not to lift heavy things, keep themselves outside from any other heavy works. 5 respondents reported that they did not get any counselling regarding these.

Table 5: Maintenance of Privacy during ANC.

Privacy Status	No. of Respondents	%
Privacy Maintained	87	55.4
No. Privacy	70	44.6
Total	158	100

As regard to maintenance of privacy during check-up, 87 respondents constituting 55.4% mentioned that privacy was maintained during check-up. On the other hand, 70 respondents constituting 44.6% have mentioned that there was no privacy in the govt. hospitals. There was no special room for the pregnant women and hence they have to stand in a ‘queue’ to consult with the doctor. Even in the CHCs and DH, the specialized doctors have to take the burden the burden of other patients too and hence it creates problems in maintaining their

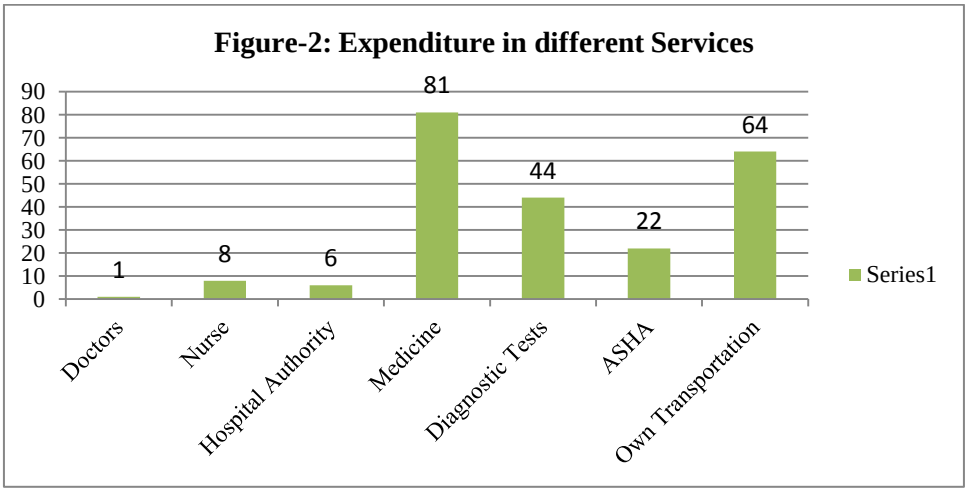
privacy. As a result of this, consulting certain problems freely with doctor is not possible sometimes.

With the implementation of JSY in 2005 and JSSK in 2011, the whole process of maternal health service was made free for all women especially in low performing state (LPS). Assam, as a low performing state, should provide it to the women under NRHM. Despite this, it was revealed from the women during their 3 phases of maternal stage, have to pay for different services in difference health institutions. The following table will show their expenditure during ANC and hence the affordability of health services for women.

Table 6: Expenditure on ANC

Expenditure (Yes/No)	No. of Respondents	%
Expenditure (Yes)	107	68.2
No Expenditure	50	31.8
Total	157	100

Regarding expenditure during ANC, a shocking data was found which revealed that despite the provision of free ANC services to women 107 respondents including 4 availing Pvt. Facility, constituting 68.2% have to pay in various services.



It was informed that one of them who availed private health facilities have to pay to the doctors, 8 respondents paid to the nurses, 6 to hospital authority, 81 of them constituting 51.6% paid for medicines and 44 respondents constituting 28% paid for diagnostic tests. 22 respondents have to pay the ASHA including their transportation and fooding and 64 respondents reported the cost for the won transportation. Moreover, 56 respondents reported their indirect expenditure including 53 respondents mentioned them constituting 51.6% paid for medicines and 44 respondents constituting 28% paid for diagnostic tests. 22 respondents have to pay the ASHA including their transportation and fooding and 64 respondents reported the cost for the own transportation. Moreover, 56 respondents reported their

indirect expenditure including 53 respondents mentioned about their loss of wages and 5 of them mentioned about their expenditure in fooding and lodging.

Table 7: Amount of Expenditure during ANC

Amount (in Rs.)	No. of Respondents	%
Below Rs. 2000/-	66	61.7
Below Rs. 5000/-	33	30.8
Above Rs. 5000/-	8	7.5
Total	107	100

Among the 107 respondents paid for ANC, 66 respondents constituting 61.7 have done the expenditure of less than Rs. 2000/-, 33 respondents constituting 30.8% spent Rs. 2000/- to Rs. 5000/- and 8 respondents constituting 7.5% spent more than Rs. 5000/- for ANC. For these expenditures, 80 respondents managed it from their husbands income, 21 respondents managed it borrowing from micro finance group on interest, 17 respondents have taken loan from Bandhan Bank 7 of them have managed taking help from others, like- parental family, relatives or neighbours and 15 respondents incurred the cost of ANC from their own earning.

Table 8: Maintenance of Nutritional Diet

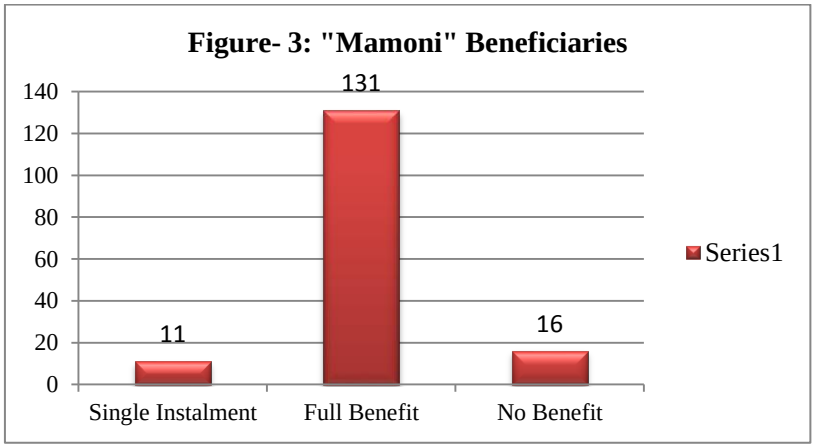
Maintenance of Diet	No. of Respondents	%
Diet Maintained	122	77.2
Not Maintained	36	22.8
Total	158	100

The above mentioned data showed that 122 respondents constituting 77.2% have maintained nutritional diet during pregnancy increasing the amount of food along with some added supplements like– milk, fruit, juice, Horlicks, vitamin etc. 36 respondents constituting 22.8% were unable to maintain proper diet during pregnancy due to eating problem, unable to buy food because of financial problems and unaware of the necessity of proper diet.

'Mamoni' is a scheme under JSY launched by govt. of Assam to give nutritional support to pregnant mother which is actually due during the time of their pregnancy. The following table will show the status of beneficiaries of 'Mamoni' which comes as Rs. 1000/- in two instalments dividing Rs. 500/- each by check for ANC.

Table 9: Status of 'Mamoni' Beneficiaries:

Instalment Received	No. of Respondents	%
Single Instalment	11	7
Full Benefit	131	82.9
No Benefit	16	10
Total	158	100



Among the total respondent of 158, 157 respondents has availed the facility of ANC, hence are entitled to receive the amount under 'Mamoni'. It was reported that 131 respondents constituting 82.9% has received the full amount under 'Mamoni' for nutritious diet, 11 respondents constituting 7% received Rs. 500/- or only one instalment and 16 respondents constituting 10% did not get any amount under 'Mamoni'. Regarding the non-receiving of the amount under 'Mamoni', it was reported that maximum 7 respondents from Barkhetri Block did not received the amount including 1 respondent without ANC. One from Madhupur block reported that because of non-existing of any Bank account for her, she did not receive the amount. Another one from Tihu Block reported that she did not receive the amount because she did not have her voter ID. Respondents from each the Block except Borigog-Banbhag mentioned that due to non-availability of fund as reported by ASHA to them, they did not get the amount at all or half paid. Respondents from all the blocks mentioned about giving bribe to ASHA for receiving their entitlement under 'Mamoni' which costs Rs. 30 to Rs. 500/- sometimes.

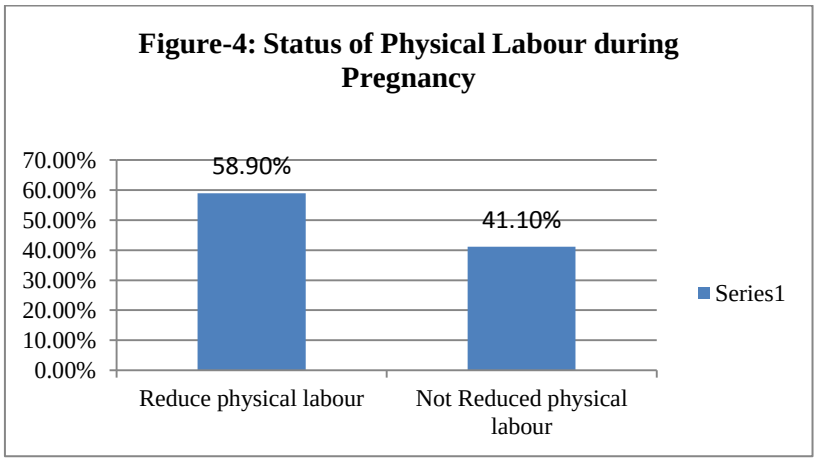
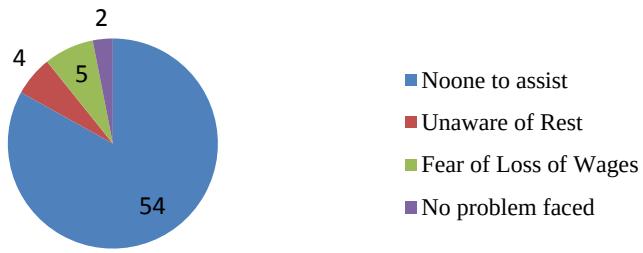


Figure-4 shows that 93 respondents constituting 58.9% among the total respondents of 158, reduced their physical labour, while 65 respondents constituting 41.1% did not abstain from

physical labour within and outside households 54 of the respondents who did not reduce physical labour was due to unavailability of any one to assist their work, 4 reported that they were unaware that they were unaware of taking rest during pregnancy and 5 of them reported that they did not heart to loss their daily wages taking rest, 2 nos. of respondents mentioned the as they did not face any problem during pregnancy they did not reduce their physical labour, 57 among 65 respondents who did not take rest mentioned that doing household work is the responsibility of every women.

Figure-5: Reason of not taking Rest during ANC



From the services as discussed, during ANC by 157 respondents out of total 158 respondents, 101 respondents constituting 64.3% reported that they were satisfied with the ANC services provided by the health personnel. Maximum respondents were unaware of the facilities provided by the govt. under NRHM. A little improvement in public health care sector they have seen with the implementation of NRHM and they were happy with it. As the respondents were unaware of respondents were unaware of services, they could not measure the adequate application of different schemes under NRHM. On the other hand, 56 respondents constituting 35.7% were not satisfied with overall services during ANC. They were complaining regarding the role of ASHAS, hospital facilities, availability of drugs and manpower too.

Findings: From the above analysis, the key findings of the study can be extracted as follows:

In the 9 month pregnancy period, according to the provision of JSY, at least 4 times Antenatal checkups are necessary. It helps the pregnant women to monitor and detection of pregnancy complications which could arise during delivery and post delivery period. ANC works as the preventive measures for the expecting mothers with complications. As per the data calculated on the basis of Health Management Information Systems (HMIS), Report, Nalbari, since 2012-13 to 2016-19 (March); 82.7% pregnant women registered for ANC in their first trimester. But NFH 5-4 (2016-16) recorded it as 60.4% in rural areas of the district. On the other hand, study showed 93% women registered their pregnancy in their first trimester which reflects the positive role playing by the grass-root level workers like– ASHA and ANM. ANM under NRHM has a performance based salary structure where

registration of women within first trimester is one of the most important indicators. It was found that ANM insists the ASHAs to make sure the registration for ANC within the time period as mentioned under JSY.

During four antenatal checkups, JSY, under its provisions mentioned about BP check up, urine examination, weight measurement, and abdominal check up, HB test, T.T. vaccination and IFA consumption for the pregnant women. NFHS-4 (2015-16) recorded 47.9% women have availed full ANC for four times. But study result showed a different data which is only 35% out of the total respondents who completed 4 ANC checkups.

While JSY has made certain provisions for diagnostic tests during ANC checkups, JSSK has made are these tests free and zero cost facility. Study reveals that the percentage of pregnant women availing these facilities related to medicines or drugs, diagnostic tests including ultrasound and vaccination is satisfactory. But maximum numbers of women, availing these facilities which are more than 90% almost in all services except 84.1% in ultrasound, 5.1% in X-Ray. It is clear that execution of JSY is positive in study area.

But, there can be found a different picture in case of implementation of JSSK which should be zero cost expenses for the pregnant women during their pregnancy or ANC checkups. Based on the 'economic accessibly' or affordability indicator, this research found that despite the implementation of JSSK, 68.2% respondents have to pay for different services during ANC. This expenditure varies which costs maximum of Rs. 5000/--6000/-. Maximum 51.6% respondents have to pay for medicines followed by 28% for diagnostic tests including ultrasound.

Assam Rural Health Statistics (RHS), 2016 revealed that in Nalbari district, 9 nos. of CHCs are having functional laboratory, functional labour room and functional operation theatre. 3 of them have functional X-Ray machine including 2 FRUs. But it was found that though these facilities are available and functional; these cannot meet the needs of women within that locality. Regarding laboratory facility, laboratory personnel from Tihu FRU reported that all the facilities are not available in the FRU. There are certain very basic tests facilities are available, like– Blood RE, RBS, Urine test etc. Certain facilities like– X-Ray and Ultrasound are available, but only for two days is a week. THR test cannot be done within hospital facility as the equipments for this test is costly. He added that "through from the side of the govt., it has been announcing that all the health institutions are equipped with necessary facilities, it is actually in the hospitals like MMC civil Hospital and GMCH." The condition is similar almost in all the Blocks. Scarcity of manpower to run the laboratories and lack of equipments along with some structural problems e.g. adjustment of manpower in some other areas or institutions resulted to unavailability of laboratory facilities for women during ANC.

Through only 15.2% respondents reported about availability of essential drugs in their nearby health institution, it was found that 51.6% respondents paid for medicines during ANC which is the highest category of expenditure. It reflects that the essential medicines to be provided freely to pregnant women under JSY were not fulfilled. They had to buy it from

pharmacy. Only IFA tablets are available as reported. Even then, 17% pregnant women bought it themselves of their own expenditure. 46.9% women did not get free medicine during delivery and 25.3% of women spent on medicines during their postnatal period. The researcher has seen disparities regarding availability of medicines too. The health institutions have to inform the availability of medicines in that particular health institution openly for all on a board outside. During the survey, the researcher found that regarding the availability of drugs in District Hospital and in other PHCs and CHCs, there is a huge gap. It reveals that the availability of medicines and hence other health services are visible in secondary or tertiary level health institutions.

This study showed that 24.1% respondents took money on interest for ANC expenditure and others who had to spend for ANC checkups had incurred their expenditure from their savings. Only 7% respondents were found having health insurance including accidental benefits. Economic accessibility or affordability indicates that health services should be affordable for all, including the socially disadvantaged groups and it should be based on the principle of equity. Giving emphasis on this indicator, Govt. of India, has decided to provide free delivery services to women through the implementation of JSY and JSSK under NRHM. Special provisions are made for the women from BPL categories that are more disadvantaged in terms of their socio-economic conditions and unable to afford quality health services for them.

Again, giving special emphasis on maternal health, JSY has included provisions on proper diet and rest for women during pregnancy. To support women for nutritional diet, JSY has made a provision of giving assistance for Rs. 1000/- under the scheme of 'Mamoni' for those women who have registered their pregnancies in two instalments 82.9% respondents reported of receiving the assistance under Mamoni in full, while 10.1% received no benefit against 7% received single instalment for Rs. 500/-. Further, 81% women mentioned about maintenance of nutrition diet during their pregnancy. A gap can be seen regarding the receiving of full assistance under Mamoni and maintenance of nutrition diet. The researcher found that a few respondents did not utilize the entitlement for them for having proper diet and they utilized it for the cause of their family as most of them belong to the lower economic background. So, for them, health comes later in comparison to other socio-economic problems.

It is recommended that rest for pregnant women should be ensured for at least 8 hours sleep at night and another 2 hours rest during day time as mentioned under the provisions of JSY. Data showed that 41.1% respondents had no change in their life-style regarding physical labour during their pregnancy and other 58.9% respondents reduced their physical labour. Respondents felt themselves doing household works as the responsibility of women. A few women from nuclear family reported that as no one was with them to assist; they had to do everything till the day of birth of their baby since morning to night. They had no other option to escape from household work as they are women. Research found that among the respondents, those who are from much lower socio-economic background and are daily

labourer or agricultural labourer, they cannot take rest as earning is a compulsion for them to run their families.

Though accessibility of information is necessary, confidentiality should be maintained regarding personal health data as a part of medical ethics. It was reported that 44.6% respondents did not found privacy during their ANC while consulted with the doctors. Though labour rooms were there in most of the delivery points, for ANC there were no separate room for the pregnant women. As there is a rush in the Govt. health institutions women have to consult everything in front of others and it becomes difficult for the doctors and other staffs to control the people from gathering surrounding the doctor's table. As a result of this, pregnant women get disturbed in consulting their problems with doctors and they cannot become satisfy with the services provided by the doctors. For doctors too, certain assessments, like- abdomen checkups during ANC become problematic which has an impact on detection of complication regarding maternal health of women.

Realizing the importance of maternal health, Govt. has taken various initiatives for antenatal care services for women from lower socio-economic background. Making it free and zero cost with the implementation of JSY and JSSK under NRHM framework, the availability and accessibility of health services are trying to be ensured without any discrimination to every women. It is essential to take special care during pregnancy as it is the primary stage of maternal health which may have an implication on overall health condition of a woman along with the newborn. The above analysis on the findings of the study reveals that despite these initiatives, the health sector is unable to provide full ANC services in the study area. The basic problems can be discussed as follows:

Problems in Realizing the Provisions of JSY and JSSK for ANC:

1. It was found that there is a scarcity of doctors and other staffs in many parts of the district. As the public hospitals are over-crowded, doctors feel over-burdened. There is no work environment for the doctors due to lack of facilities like- isolated cabin, no hygienic lavatory, no regular power supply, proper canteen to eat etc. It creates problem in receiving health services in Govt. health facilities.
2. Irregular supply of medicines, non-functioning laboratory, poor quality of machines for diagnostic tests, less number of ambulances, scarcity of vehicles for referral services etc. have been hampering in the enjoyment of maternal and child health services under JSSK.
3. There is unavailability of usable staff quarters and that is why doctors and other staffs have stay outside the facilities. It resulted to unavailability of manpower that makes health services inaccessible during emergency.
4. The Health Information System is not strong under NRHM. People do not get information on the schemes, provisions and facilities under NRHM. It can be seen regarding the implementation of JSY and JSSK which hampers in realisation of maternal health care services.

5. It was seen that regarding preparation of survey reports from the villagers by the ASHA, ANM and AWW; it is not proper. Evidence was found that they do not go to the households for survey and prepare it of their own. It creates problem in rendering services according to the needs.
6. Lack of co-operation between NRHM and State Health Employees is visible in health delivery services. NRHM employees are demoralised sometimes by some other officials as they are contractual employees.
7. Again, there is a gap between the planning and execution of different provisions under NRHM. Planning in higher level and its implementation at ground level is mismatched which is one of the major defects of NRHM.
8. The major problem in implementing NRHM was found as huge corruption in each and every layer of the health system in the study area. During the study on maternal and child health, it was found that despite the provision of free and zero cost delivery for women and free treatment for children under NRHM, women had to bribe or cut their entitlement as incentives. For this kind of expenditure, pregnant women are not interested to avail the facilities of the provided schemes.

Suggestions:

From the above mentioned problems for implementing NRHM, it is clear that these problems and barriers can be removed with proper planning and execution of this Mission. For this, certain strategies have to be maintained:

1. Initiatives should be taken from the Govt. in contributing their development of socio-economic background through Public Distribution System and Panchayat & Rural Development. It will help them to concentrate on their health coming out from the basic necessities of life.
2. Opening of Bank Accounts should be made compulsory to receive the benefits of schemes like JSY and JSSK and the Mission should have to be strict and direct in disbursing the entitlements to the beneficiaries.
3. Infrastructure should have to be developed, emphasis should have to be given on work environment for the health personnel to maintain comfort, and laboratory should have to be well-equipped and organised with new and developed technology to attract the women towards Govt. health services.
4. Number of specialised doctors should have to be increased. Appointment of Lady Doctors in every health institutions should have to be made compulsory to remove some social and cultural barriers.
5. Monitoring system should be effective and transparent. To prove the accuracy of the survey reports, survey should have to be separate and confidential for ANM, ASHA and AWW each. Survey Reports should have to be separately evaluated with confidentiality.

6. There should have to be a provision of reward for the role models regarding maternal health services. There should have to be the provision of rewarding the expecting mothers or becoming mothers for the best availing of ANC.
7. Behaviour of health provider matters a lot to understand the problems of women. Reproductive and maternal health is a closed area which people do not want to share with others. To extract actual information from women, health providers need to behave them softly, clearly, with caring attitude and respectfully.
8. Above all, lack of information is the main problem behind the implementation of the schemes under NRHM. Health Information System should have to be strengthened. Though, NRHM publishes some small publications on its schemes, these are not reachable to the women from every nook and corner. Again, using of medical terms makes it difficult to understand. Therefore, the language of these publications should have to be multi-lingual and easy to understand avoiding the medically recognised terms. For giving information to the women from remote backward areas, "door to door approach" can be done.

Experience from the study on NRHM showed that NRHM is an important inclusion in the Indian Health Sector. The Mission in its Preamble itself has declared about improving the availability, accessibility and quality of health services for the people in India with special focus on the poor, women and children from rural areas. Reproductive and Maternal Health is considered to be the key indicator to assess Women's Health. It is the responsibility of the state, government and other governmental organizations to ensure it for reducing MMR and IMR to reach the Millennium Development Goals (MDGs). For this, a proper care during pregnancy is vital for everyone. JSY and JSSK were implemented by the Govt. of India within the framework of NRHM to improve the quality of maternal health care with a view to its availability, accessibility and acceptability. Despite this, there are so many problems that women have been facing regarding the provisions of these schemes and its enjoyment due to the unavailability of infrastructure, manpower, unavailability of information and lack of co-ordination at different levels of the Mission. But these problems can be solved with an adequate strategy, active manpower, proper monitoring, technical support, involving different stakeholders and collaboration from every group of people living in the society with their strong mental and moral support.

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